Motor, Classic Vehicle & Motorcycle Accident Claim Form



In this claim form we are collecting information to enable us to evaluate your claim. Under the Privacy Act 2020 we are required to inform you about certain rights and obligations relating to the information we are collecting. This is in the declaration at the end of the form. We recommend that you read it before continuing. The issue of this form does not constitute an admission of liability and is issued without prejudice.

• Please return this form promptly and make sure that all questions are fully answered.

Add details of additional witness on a separate page

- No liability is to be admitted to a third party. No repairs are to be done without our permission.
- If you receive any communication in any way connected with the accident please forward to us immediately.

Please send the	Postal Address		Facsimile	Email		Questions?
completed form and accompanying documents to	Protecta Insurance New Z PO Box 37-371, Parnell Au		09 915 7831	motorteam@pro	tecta.co.nz	Please call us on 0800 776 832
4) INCUDED DETAIL O				Dallar, M		
1) INSURED DETAILS Title:	s □ Miss □ Ms	□ Othor		•		
First Name						
, idd 600						
For Motorcycle claims - red	cord the registration number	of a previous motoro	cycle owned by you	in the last 5 years (if app	licable):	
NOTE: It is important that y	you provide us with the co	rrect name of the Po	olicy Holder and th	e Policy Number.		
2) DRIVER / RIDER PAR	RTICULARS					
Was the Insured the Driver /		ne vehicle while it was	s parked?) [☐ Yes - Go to next section	n □ No	o - Complete this section
Title:	· · · · · ·			Date of Birth		<i>'</i>
First Name						
Address				Work Phone		
		Mobile		Email		
(a) What is your relationsh		□ Employee	☐ Family			
` '	ed's consent to use the vehic	. ,	□ Yes	□ No		
· ·	river gain possession of the					
(c) Do you regularly drive						
(d) Do you own your own		□ Yes □	No If Ye	s, Make & Model?		
(e) Do you own a vehicle		□ Yes □	No If "Ye	es", which insurer?		
3) DRIVER DETAILS						
Licence Number (5a)		. Version Number (5b)	Issued By		
Which Vehicle Classes?		Issue Date		Expiry Date		
☐ LEARNER	☐ RESTRICTED	☐ FULL	☐ OVERSEAS	B □ NEVER LIC	CENCED	☐ DISQUALIFIED
In the last 5 years, has the D	river:					
(a) Had their licence endors	sed or suspended?			☐ Yes	□ No	
If "Yes", when and wh	ıy?					
(b) Been refused insurance	or renewal, or had a Policy	cancelled?		☐ Yes	□ No	
If "Yes", when and wh	ıy?					
(c) Have any previous traffic	c and non-traffic convictions	or pending charges (excl parking)?	☐ Yes	□ No	
If "Yes", when and wh	y?					
(d) Been involved in (i) any	previous accidents or (ii) suf	fered any losses?		☐ Yes	□ No	
If "Yes", when and wh	nat were the losses? (include	accidents or losses	which were not clair	med under insurance)		
4) PURPOSE OF USE			<u> </u>			
(a) What was the vehicle be	eing used for prior to the acc	ident?		☐ Business Use	e □ Person	al Use
Please provide full deta	ils of your journey					
		<u></u>	······	<u></u>	<u></u>	
5) INSURED VEHICLE						
Make & Model			Va	oar .	Registration	n Number
Has the vehicle been modifie					•	
Please describe modification				• •		
Name and address of any ot						
-						
6) WITNESSES (Where						
Was there any witnesses to t		☐ Yes - Complete th		No - Go to next section	_	
WITNESS 1) Full Name					☐ Driver	□ Passenger
Address						
WITNESS 2) Full Name					☐ Driver	□ Passenger
Address				P	hone	

as there any other party(s) involved in the accident? (i.e. vehicles, property etc)	as your vehicle transported?	☐ Yes	□ No If "Yes"	, name of transpor	t company?		
OTHER PARTY'S DETAILS 35 Pare any other party(s) involved in the accident? (i.e. vehicles, property etc) Yes - Complete this section No - Go to next section Registration Number Telephone Address Insuser Registration Number Telephone Registration Number Telephone Address Registration Number Telephone Registration Number R	ame of Repairer		Address			Telepho	ne
as these eay other party(s) involved in the accident? (i.e. vehicles, property etc) Yes - Complete this section No - Go to next section RTY 1) Full Name. Telephone No - Go to next section RTY 1) Full Name. Telephone No - Go to next section RTY 1) Full Name. Telephone No - Go to next section Registration Number No - Go to next section No - Go to next section No - Go to next section Registration Number No - Go to next section N	hat date was the vehicle taken to the	Repairer?		Repair Estimate	if Known)? \$		
RTY1) Full Name	OTHER PARTY'S DETAILS						
Address Insurer Registration Number Re					•		
Vehicle Make & Model	,				· ·		
Address Insurer? Vehicle Make & Model Registration Number Triculars of damage to other party(e)? TE: All communications that you recolve claiming damages must be forwarded to Protecta Insurance without you replying or admitting fault PARTICULARS OF ACCIDENT Date							
Address Insurer? Registration Number R					•		
TE: All communications that you receive claiming damages must be forwarded to Protecta Insurance without you replying or admitting fault PARTICULARS OF ACCIDENT yof the accident yof the accident yof the accident yof the accident Particulars at an intersection, name intersecting streets? Describe the weather conditions? Rain Bright Sun Fog Overcast Clear Night Describe the road conditions? Wet Dry Ice Sealed Metal Was a pour valicial travelling or parkend? Travelling Parked Was shere a Stop sign OR Give way OR Traffic lights If 'Yes', were they in your favour? Yes No Were your headights on? Yes No If 'Yes', were they in your favour? Yes No Were your headights on? Yes No If 'Yes', were they on Hight Cow beam? High beam Low beam Your speed prior to impact? Kiph Other party's speed prior to impact? Kiph Which DriverRider was at fault and why? Kiph Other party's speed prior to impact? Kiph Which DriverRider was at fault and why? Was an integround for druge (presented or otherwise) consumed by the Driver within 12 hours before accident? Yes No If 'Yes', please give details including time, place and quantity consumed Was a subsect that the accident? Yes No If 'Yes', what was the result? Was as breath test required? Yes No If 'Yes', what was the result? Please describe in detail, how the accident happened DIOCUMENTATION Please altach a copy of Your Drivers Licence and Repairer's Quote for the damage (if available) DIOCUMENTATION Please altach a copy of Your Drivers Licence and Repairer's Quote for the damage (if available) DIOCUMENTATION Please altach a copy of Your Drivers Licence and Repairer's Quote for the damage (if available) DIOCUMENTATION Please altach a copy of Your Drivers Licence and Repairer's Quote for the damage (if available) DIOCUMENTATION Please altach a copy of Your Drivers Licence and Repairer's Quote for the damage (if available) DIOC	•				•		
OTE: All communications that you receive claiming damages must be forwarded to Protecta Insurance without you replying or admitting fault PARTICULARS OF ACCIDENT							
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vol the accident. Date	•						
vol the accident	PARTICULARS OF ACCIDENT						
Describe the weather conditions? Rain			Date.		Time		AM/PM
Describe the weather conditions? Rain	act Location of accident? (Show Str	eet & Town)					
Describe the road conditions? Wet	ccident was at an intersection, nam	e intersecting s	treets?				
Was your vehicle travelling or parked? Travelling Parked Was there a Stop sign OR Give way OR Traffic lights Travelling Parked Were your headlights on? Yes No If Yes', were they on Hight/Low beam? High beam Low beam Your speed prior to impact? Kph Other party's speed prior to impact? Kph Which Driver/Rider was at fault and why? Was any liquor and/or drugs (prescribed or otherwise) consumed by the Driver within 12 hours before accident? Yes No If Yes', please give details including time, place and quantity consumed Was accident reported to Police? Yes No If Yes', please state name & number Was a breath test required? Yes No If Yes', what was the result? Was a breath test required? Yes No If Yes', what was the result? Was a breath test required? Yes No If Yes', what was the result? Was a breath test required? Yes No If Yes', what was the result? Please describe in detail, how the accident happened SKECTCH OF ACCIDENT was show clearly; Your vehicle (A), other parties (B), (C) and so on Direction of travel and where each each whice was prior to the accident. Was the accident point with an X. Name all streets, mark all road signs, Stop signs, Give ways and traffic lights. DOCUMENTATION Please attach a copy of Your Drivers Licence and Repairer's Quote for the damage (if available) DECLARATION The information is collected to evaluate your claim: in insurer detailed in your insurance Policy. The information is being collected and held by Protecta insurance New Zealand Limited of 110 Symonds Street, Grafton, Auckland. The collection of this information is required pursuance New Zealand Limited of 110 Symonds Street, Grafton, Auckland. The collection of this information is the information is being collected and held by Protecta insurance New Zealand Limited of 110 Symonds Street, Grafton, Auckland. The collection of this information is required pursuance New Zealand Limited of 110 Symonds Street, Grafton, Auckl	Describe the weather conditions?	' □ Rain	☐ Bright Sun	☐ Fog	☐ Overcast	☐ Clear Night	
Was there a			•		☐ Sealed	☐ Metal	
Were your headlights on? Yes No If "Yes", were they on High/Low beam? High beam Low beam Your speed prior to impact? Kph Other party's speed prior to impact? Kph Which Driver/Rider was at fault and why? Kph Which Driver/Rider was at fault and why? Was any liquor and/or drugs (prescribed or otherwise) consumed by the Driver within 12 hours before accident? Yes No If "Yes", please give details including time, place and quantity consumed Was accident reported to Police? Yes No If "Yes", please state name & number Was a consumed Was a consumed Was a consumed Was a breath test required? Yes No If "Yes", what was the result? Was a breath test required? Yes No If "Yes", what was the result? Was a breath test required? Yes No If "Yes", what was the result? Was a blood test taken? Yes No If "Yes", what was the result? Was a blood test taken? Yes No If "Yes", what was the result? Was a blood test taken? Yes No If "Yes", what was the result? Was a blood test taken? Yes No If "Yes", what was the result? Was a blood test taken? Yes No If "Yes", what was the result? Was a blood test taken? Yes No If "Yes", what was the result? Your vehicle was prior to the accident. Was a blood test taken? Yes Was a blood test taken? Your vehicle (A), other parties (B), (C) and so on Your privers Your vehicle (A), other parties (B), (C) and so on Your privers Your vehicle (A), other parties (B), (C) and so on Your privers Your vehicle (A), other parties (B), (C) and so on Your privers Your vehicle was prior to the accident. Was privers Your vehicle was prior to the accident. Your vehicle was prior to the accident. Your privers Your privers	· · · · · · · · · · · · · · · · · · ·		•				
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Was a breath test required? Yes No If "Yes", what was the result?	·	- '	· · · · ·				
Was a blood test taken?	Did Police attend the accident?	☐ Yes	□ No	If "Yes", pleas	e state name & number		
SKETCH OF ACCIDENT Dease show clearly: Your vehicle (A), other parties (B), (C) and so on Direction of travel and where each wehicle was prior to the accident. Mark the accident point with an X. Name all streets, mark all road signs, Stop signs, Give ways and Traffic lights. DOCUMENTATION Please attach a copy of Your Drivers Licence and Repairer's Quote for the damage (if available) DECLARATION resuant to the PRIVACY ACT 2020 the following is brought to your attention: This claim form and any further enquiries we make of you in order to consider your claim is the collection of personal information about you; The information is being collected to evaluate your claim; The intended recipient of the information is the insurer detailed in your Insurance Policy. The information of this information is required pursuant to your insurance policy and is mandatory; The fallure to provide this information may result in your claim being declined, or your insurance being void from the beginning, us have rights of access to and correction of this information of this information of this information is required pursuant to your insurance policy and is mandatory; The fallure to provide this information may result in your claim being declined, or your insurance being void from the beginning, us have rights of access to and correction of this information the insurer of the insurer shall be entitled to submit the dispute to arbitration. We authorise that the information given in this claim is correct. Ve agree that, should there be any dispute over any payment of this claim, Protecta and/or the insurer shall be entitled to submit the dispute to arbitration. We authorise and request the New Zealand Police to release to Protecta and/or the insurer shall be entitled to submit the dispute to arbitration. We authorise and request the New Zealand Police to release to Protecta and/or the insurer shall be entitled to submit the dispute to arbitration. We authorise and request the New Zealand Police to release to Protect	Was a breath test required?	☐ Yes	□ No	If "Yes", what	was the result?		
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